

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATE

FOR THE MONTH OF September 2009

Date: October 6, 2009

CONTRACTOR: BRIAN'S CONTRACTING, INC.

ADDRESS: P.O. BOX 17790

Contract No. 58167

City, State ZIP: HONOLULU, HAWAII 96817

DAGS Job No. 13-20-2632

PROJECT TITLE: KALAUPAPA SETTLEMENT NURSING FACILITY (BUILDING 141) VARIOUS IMPROVEMENTS

CONTRACT

Basic Contract Amount \$ 397,000.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER

☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☐ PROJECT SCHEDULE - INITIAL & ONGOING

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME & LOCATION

☒ ALL SIGNATURES

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 397,000.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date	97.07%	\$	385,349.00	0.00%	\$	-	\$	385,349.00
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Retained		\$	31,024.00		\$	-	\$	31,024.00
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Amount Subject to Payment		\$	354,325.00		\$	-	\$	354,325.00
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Payments to Date		\$	306,624.00		\$	-	\$	306,624.00
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Payments Now Due		\$	47,701.00		\$	-	\$	47,701.00
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Payment No. 3 (Rev)

Remarks:

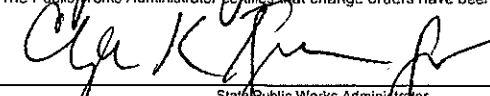
1. Computed and Checked by:

 10/12/2009
3. Recommended: Project Inspector or Engineer Date:

 10/12/2009
4. Recommended: Area Engineer/Architect Date:

 OCT 12 2009
5. Approved: Branch Chief or District Engineer Date:

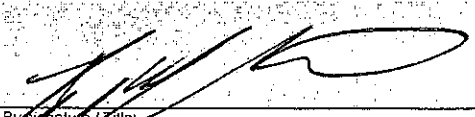
The Public Works Administrator certifies that change orders have been issued and the work performed.

 OCT 12 2009
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

BRIAN'S CONTRACTING, INC.

Name of Contractor

 10/6/2009
By Signature / Title: Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: September 2009

CONTRACTOR: BRIAN'S CONTRACTING, INC.
PROJECT TITLE: KALAUPAPA SETTLEMENT NURSING FACILITY
 (BUILDING 141) VARIOUS IMPROVEMENTS

Contract No.: 58167
DAGS Job No.: 13-20-2632

CLOSED			LICENSE	BASIC CONTRACT	COMPL.		RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	% Cmpl	%	AMOUNT
								RETAINED
	BRIAN'S CONTRACTING, INC	General Contractor	ABC-23456	\$153,193	\$150,193	98.04%	5%	\$7,509

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	American Electric Co., LLC	Electrical/Diesel Generator	C-24422	\$243,807	\$235,156	96.45%	10%	\$23,515
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs							\$23,515 B

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$31,024
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I certify that the above retentions are correct for this request.

BRIAN'S CONTRACTING, INC.

Name of Contractor

By Signature

10/6/2009

Date

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 3

PROJECT TITLE: KALAUPAPA SETTLEMENT - NURSING FACILITY (BUILDING 141),
VARIOUS IMPROVEMENTS

BILLING MONTH: September-09

DAGS JOB NO.: 1 3-20-2632

CONTRACT NO.: 58167

CONTRACTOR: BRIAN'S CONTRACTING, INC

VENDOR CODE: 30439600

Original Contract Payment

Suffix: 1

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B07-409M	\$53,168.00	\$5,467.00	\$47,701.00
Totals:		\$53,168.00	\$5,467.00	\$47,701.00

Change Order Payment

Suffix: 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B07-409M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:

\$53,168.00

\$5,467.00

\$47,701.00

Lloyd Oyata
Verified By

10/12/2009

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30439600

Cost Code 3A1

Voucher No.

10153N48

Verified By

ps

10/20/09